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**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA – WESTERN DIVISION**

LA ALLIANCE FOR HUMAN  
RIGHTS, et al. Plaintiff(s),  
vs.  
City of Los Angeles, et. al. Defendant(s)

CASE NO. 20-CV-02291-DOC-KES  
Hon. David O. Carter  
Courtroom 1

STATUS REPORT OF  
INTERVENORS LOS ANGELES  
COMMUNITY ACTION NETWORK  
AND LOS ANGELES CATHOLIC  
WORKER

Date: March 26, 2020  
Time: 10:00 a.m.  
Ctrm: Offsite

Complaint Filed: March 10, 2020

1           Intervenors Los Angeles Community Action Network (LA CAN) and Los  
2 Angeles Catholic Worker (LACW) file this status report in advance of the  
3 emergency conference on March 26, 2020.

4           The Los Angeles Intervenors recognize and appreciate the gravity and  
5 enormity of the City and County's task, as it attempts to slow and control the spread  
6 of COVID-19 across a population of millions. Their efforts to date are  
7 unprecedented and remarkable, and Intervenors are grateful for the leadership shown  
8 by City and County officials to take incredibly difficult steps to mitigate the harm  
9 caused by the Pandemic. Intervenors are especially grateful for the decision by the  
10 City of Los Angeles to suspend towing of vehicles, stop enforcement of provisions  
11 of LAMC 56.11 related to the daytime use of tents, and suspend comprehensive  
12 cleanups at encampments. These actions will undoubtedly save lives.

13           Intervenors write separately to provide further resources and information to  
14 the Court regarding the impact of COVID-19 on unsheltered residents. These public  
15 health resources make abundantly clear that more urgent and comprehensive actions  
16 are necessary to slow the spread of the disease and to the extent possible at this  
17 point, decrease the impact amongst homeless residents.

18

19           **1. Additional Public Health Information and Guidance Related to**  
20           **Controlling the Spread of COVID-19 to People who Unsheltered**

21           There is no question that public health decisions must be guided by  
22 considerations of the best public health information available, including guidance by  
23 the Centers for Disease Control and Prevention and the local Department of Public  
24 Health. In addition, there is significant expertise related to the public health needs  
25 of individuals who are unsheltered. We attach the additional resources for the Court  
26 and parties, which focus specifically on the impact of the looming crisis on homeless  
27 residents, as well as the impact that the continued lack of resources and social  
28 distancing for unsheltered residents will have on the ongoing efforts to control the  
spread.

- 1      • **Exhibit A.** Estimated Emergency and Observation/Quarantine Capacity
- 2      Need for the US Homeless Population Related to COVID-19 Exposure by
- 3      County; Projected Hospitalizations, Intensive Care Units, and Mortality
- 4      • **Exhibit B.** Letter to Mayor Eric Garcetti and Council President Nury
- 5      Martinez in Support of Measures Against COVID-19;
- 6      • **Exhibit C.** Open Letter: 100 Medical Experts Advocate for More Hotels
- 7      for the Unhoused, and Quickly, published March 24, 2020

8      Exhibit A is a study conducted by the leading public health experts on  
 9      homelessness at the University of Pennsylvania, UCLA, and Boston University,  
 10     provides projections of infection, hospitalization, and fatalities specifically for  
 11     homeless residents, with a focus on New York and Los Angeles. The projections  
 12     found that over four present of the unsheltered homeless population would likely  
 13     need hospitalization at the height of the impact of the pandemic, and provided  
 14     guidance related to the need for true social distancing, greater support for  
 15     encampments, and the use of hotels and motels to address the ongoing catastrophe.

16     Exhibit B is a letter from medical professionals in Los Angeles, who have  
 17     reviewed and recommended the City follow many of the suggestions outlined by  
 18     Intervenors in their previous status report, including actions taken by the City to  
 19     date, such as stopping comprehensive cleanups of encampments and towing vehicles  
 20     used by individuals to shelter in place. The experts also call on the City, first and  
 21     foremost, to provide hotels and motels to unsheltered residents.

22     Exhibit C is an open letter published by 100 doctors in San Francisco,  
 23     unequivocally calling on local government to prioritize making hotels and motels  
 24     available to unhoused residents, “both to avoid mass illness and to provide this most  
 25     basic need,” given that “[l]ack of housing is ruinous to health.” Exh. B. at 2.

## 26     **2. The City and County Must Prioritize Providing Hotels and Motels**

27     Intervenors share Plaintiffs’ sense of urgency regarding the need for more  
 28     hotels and motels to be brought online immediately, and more importantly, that

urgency is shared by Public Health experts who are calling on local officials to take urgent action to house individuals in vacant hotels and motels. The public health experts in Exhibits A-C all agree that hotels and motels provide the best chance for preventing the spread of the virus. *See e.g.*, Exh. A at 10 (“the ideal scenario would involve private accommodations for all clients [which would] dramatically reduce the likely transmission of disease relative to congregate shelters.”) As the 100 medical professionals in San Francisco made clear, the City and County must “recognize that the landscape of public health has changed completely. We need to put our resources toward the interventions that work.” Exh. C at 2.<sup>1</sup>

### **3. Public Space at The Recreation Center Shelters Could Be Opened to Allow Individuals to Shelter In Place Outside**

While the City and County move to bring more hotels and motels online, Intervenors strongly support the opening of the public spaces at the recreation center shelters to allow more individuals access to the resources that are being deployed to these shelters and to allow individuals more opportunity to achieve the CDC’s recommended 12 foot x 12 foot distance between tents and have access to necessary hygiene and sanitation.<sup>2</sup>

The City has undertaken the incredible task of standing up 42 shelters for unhoused residents. It has made the sound and undoubtedly life-saving decision to scale back the number of beds at those shelters, but doing so means far less residents will be able to access the medical care, sanitation and hygiene services, and food and

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<sup>1</sup> San Francisco is reportedly bringing 8,500 rooms online, see Exh. A at 10, even though they have approximately one third of the number of hotel rooms of Los Angeles County.

<sup>2</sup> The City has added 350 handwashing stations and significantly more public toilets, but these resources do not come close to reaching the scale necessary to provide hygiene to all individuals. This is especially true since intervenors have significant anecdotal evidence, echoed by media reports, that many of the stations have been out of water or soap.

1 water that is being stood up along with the shelters. Since the shelters have less  
2 capacity per square foot than anticipated, we strongly urge the City to make use of  
3 the considerable public space surrounding the shelters for unhoused residents to  
4 camp safely and to take advantage of the sanitation, medical, and food resources  
5 available at the new recreation center shelters. Attached as Exhibit D are aerial  
6 views of the 13 recreation centers, which show the capacity to expand the reach of  
7 these shelters to include more individuals than the current shelters will provide.

8       Opening this public space temporarily will allow individuals to shelter in  
9 place in closer proximity to resources and with adequate space for social  
10 distancing—a task that is often challenging, especially given that there has been a  
11 reduction in useable sidewalks and public spaces caused by planters and other  
12 obstructions placed in public rights of way throughout Los Angeles. In these spaces,  
13 the City can be able to provide those who want to come onto the campground the  
14 opportunity to shelter in place near food, hygiene services, internet.

15       If the City moves forward with this plan, it must do so in a way that protects  
16 the public health and civil rights of all residents, including by the following:

- 17       • Moving to the recreation centers must be voluntary and cannot be used  
18 to clear encampments in neighborhoods where there is pressure by  
19 housed residents to do so. That would be directly contrary to the  
20 Centers for Disease Control and Prevention guidance, as well as run the  
21 risk of violating individuals' civil rights. Moreover, as shown by the  
22 shelters, there is more than enough demand for this resource.  
23       Individuals who want to take advantage of the resources must be  
24 allowed to do so, without coercion or criminalization.
- 25       • The public spaces need to be configured to allow adequate social  
26 distancing. Public spaces have the benefit of allowing individuals to  
27 use their tents to create barriers between residents that are not being  
28 deployed in the shelters.

- 1       • Individuals need to have access to hygiene services, medical screenings,  
2           and food and water.
- 3       • Individuals must not face any greater restriction than any other  
4           Angeleno sheltering in place consistent with state and local Safer at  
5           Home orders.

6           Intervenors also encourage the City to make public parks, open spaces and all  
7           vacant lands and buildings available for individuals in encampments to spread out  
8           and social distance. This is especially critical and easy to achieve in public parks  
9           and open spaces near existing encampments There are a number of large  
10          encampments crowded onto sidewalks in communities throughout Los Angeles.  
11          These individuals cluster together to abide by laws related to park closures, clear  
12          passage on sidewalks, and other laws regulating the use of public spaces.

13          The City can and must allow individuals in those encampments to spread out  
14          into available public spaces, in order to maintain the requisite 12 feet by 12 feet of  
15          social distancing. Doing so would achieve this result without breaking up  
16          encampments and dispersing people into communities.

17          **4. Ensure Testing Resources Are Prioritized For Congregate Spaces And**  
18          **Public Health Matrixes Account For Homeless Residents' Accelerated**  
19          **Physical Decline And Lack Of Access To Healthcare**

21          As testing becomes available, the City and County must make critical  
22          decisions regarding who needs the testing the most. The matrixes that are being  
23          developed must take into account the increased vulnerability of unhoused residents.

24          First, the City must prioritize testing resources for congregate shelter settings.  
25          to ensure that, if any individuals test positive, the individual is isolated and entire  
26          community is quarantined, consistent with the most recent Los Angeles County  
27          order.

28          Second, any criteria that is being developed regarding testing, quarantine, and  
isolation, must account for the fact that, as outlined in Exhibit A, unhoused residents

1 have “accelerated physical decline” as a result of the harsh conditions in which the  
2 live. Exh. A at 2. “Homeless individuals are admitted to hospital with medical-  
3 surgery conditions 10-15 years earlier than comparable, housed individuals, and with  
4 age-related impairments typical of housed residents 20 years older.” Exh. A, 2-3.  
5 Unhoused residents, who are unsheltered from particulates in the air and more  
6 impacted by wildfires and pollution, have greater instances of obstructive pulmonary  
7 disease, which makes them particularly susceptible to complications related to  
8 COVID-19. *See* Exh. A at 3 (studies of homeless populations have observed  
9 pulmonary disease prevalence between 20-30%, compared to 10% of general adult  
10 population). Based on the modeling outlined in Exhibit A, unhoused residents are  
11 50-54 have the same projected hospitalization, critical care, and fatality as housed  
12 residents who are 65 and older. *See* Figure 1, Age-specific risk and vulnerability  
13 assessments for resources, especially testing, must include homelessness in  
14 accessing risk.

15 In addition, testing assessments based on medical conditions must take into  
16 account that unhoused far less likely to have access to consistent medical care,  
17 which means that, although they are more likely to have chronic underlying medical  
18 conditions that put them at risk of these conditions, they may not be diagnosed as  
19 having these conditions. This is exacerbated by the racial disparities and  
20 discrimination that has been documented to exist in the medical system; Black  
21 Americans are less likely to be properly diagnosed as having often life-threatening  
22 conditions, which in turn leads to markedly worse health outcomes. Unhoused  
23 residents are disproportionately Black and people of color. Studies have repeatedly  
24 found that people of color, and especially Black individuals are far more likely to  
25 have conditions that are undiagnosed by the medical community. Amongst  
26 unhoused residents, Black individuals’ vulnerability is less likely to be assessed  
27 accurately and is more likely to be underestimated, leaving Black Angelenos less  
28 likely to receive medical resources.

These factors must be accounted for in every vulnerability matrix that is developed to establish priorities for access to scarce resources such as testing and isolation/quarantine spaces.

Dated: March 26, 2020

Respectfully submitted,  
Legal Aid Foundation of Los Angeles

/s/ Shayla Myers

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